

3rd Marine Division



**SUICIDE
AWARENESS
AND
PREVENTION**

PSYCHIATRY STAFF



- DIVISION PSYCHIATRIST
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- DIVISION NEUROPSYCHIATRIC
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SUICIDE AWARENESS

AND
Keeping the tough going.....
PREVENTION
*when the going
gets tough*

Suicide hurts the Corps

A loss of a marine or Sailor through suicide is the same as an *enemy bullet* taking one of our own

It affect readiness both by the loss of a person and by disabling a unit, physically and psychologically

A BIG PROBLEM



**Suicide is the second
leading cause of death
in Marines!**

KNOWLEDGE IS POWER



**Knowing the facts can help
you..**

**..help someone who may be
thinking of suicide**

**..make positive changes in
your unit to decrease the
chances that people will get**

EXPLAINING “WHY”



**What is the set up for
suicide
in the Corps**

**How does that enemy
bullet**

knock out one of our own?

ENVIRONMENT



Life in the Corps is
STRESSFUL

It isn't easy being a
Marine

The set up : Zero Defect Culture



**The Marine Corps
values physical and mental
*toughness and self
reliance***

**This can make it difficult
for a Marine to admit
personal problems**

The “*set up*”: Personal factors

Limited “bag of skills”

**Growing up, some people
didn't learn
the skills needed to deal with
the stresses of life and the
Marine Corps**

The “*set up*”: **Family background**

Family history of *abuse* or *neglect*

Family history of *substance abuse*

***Lack of communication* in home**

***Unstable* home environment**

**These family background factors may
make it harder to cope in adult life**

Signs of trouble




A Marine with limited Bag of Skills under stress may have problems with....

Handling money

Resolving conflicts and differences

Making good decisions

The Cocked Hammer



**A limited bag of skills
in a stressful
environment is like
cocking the hammer
on a loaded weapon**

Other Factors in the set up



**Suicide is sometimes
seen as an
“honorable way out”**

**History of alcohol or drug
abuse is connected with
suicide**

Other Factors in the set up



Family history of suicide

Prior suicide attempts

**Legal or disciplinary
problems (usually
military)**

High Risk Times



- ✓ **Two peaks of increased risk: First few years of service (E4-E5) and last few years before retirement**
- ✓ **High risk “seasons” include Pre-deployment, Deployed over 30 days, Returned from deployment less than 30 days**



**The *Hammer is
cocked***

**What are the
*TRIGGERS?***



**Two most common TRIGGERS for Marines
and Sailor**

**Relationship
problems**

Work related



**When the trigger is
pulled**

The marine may go into
System Overload

System Overload



**Suicidal behavior occurs
when life has become
overwhelming.....**

**....and the Marine has
*no way of dealing
with it***

System Overload



There is a sense of isolation...a feeling that no one is there for them

There is *tunnel vision* reducing that person's available options

There is a feeling of hopelessness... there is

NO WAY OUT

System Overload



**There is an impulsive
decision to end life**

Suicide is seen as the
ONLY WAY OUT

WHAT LOOSENS THE TRIGGER FINGER?



*80% of suicidal behavior is
linked to
substance abuse, primarily
alcohol*

**A Marine or Sailor with
alcohol on board is more**

likely to commit suicide.

THE SAD PART



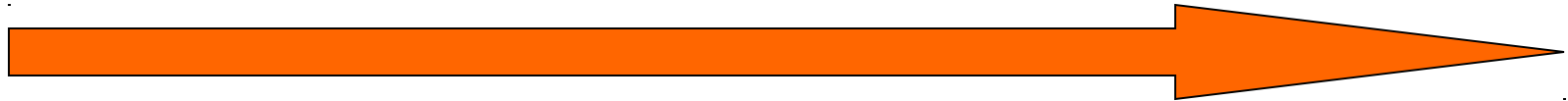
**Suicide becomes a
permanent solution
to a
temporary problem**

The Fatal Sequence

Hammer
cocked

Trigger
pulled

BANG!!



*Stressful
Environment*

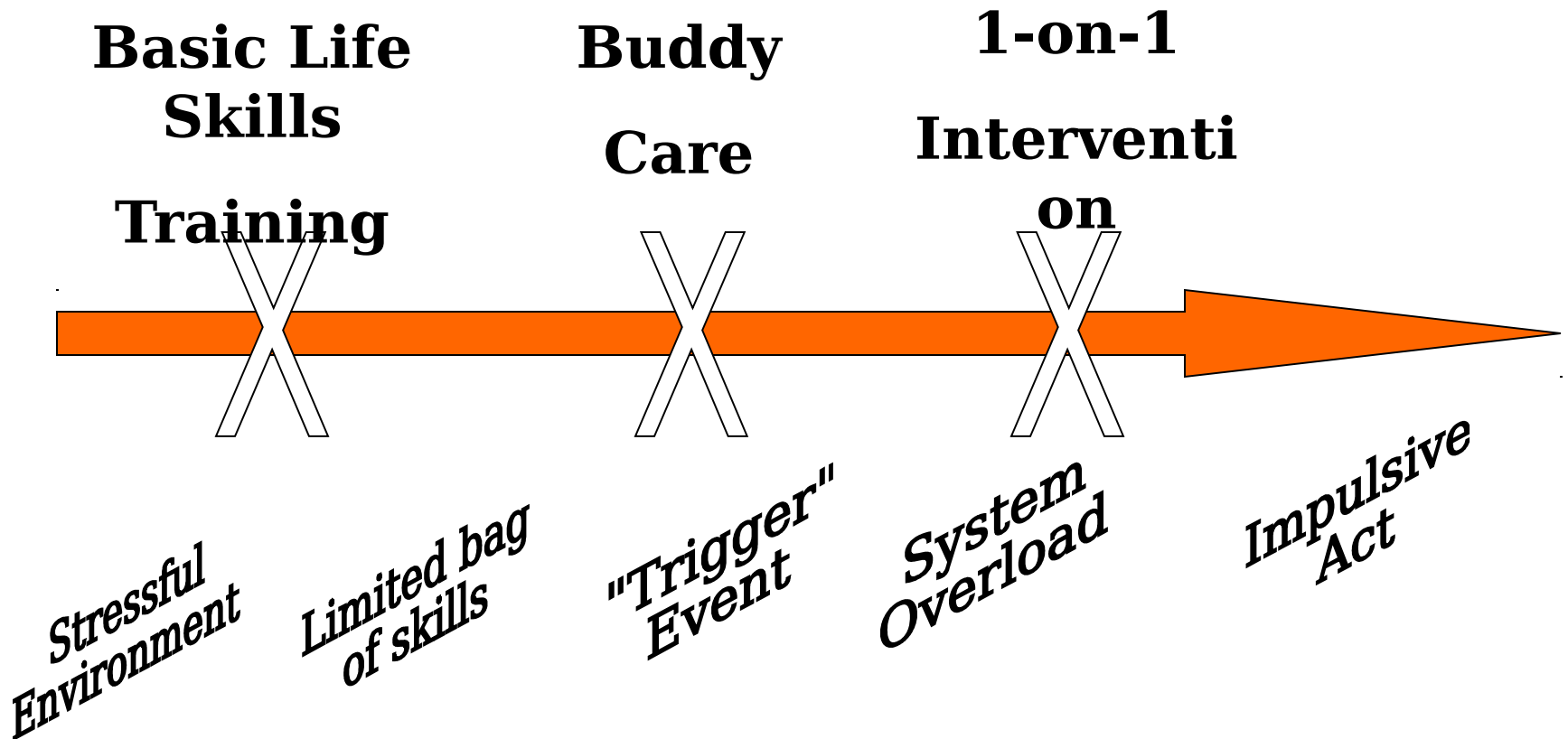
*Limited bag
of skills*

*"Trigger"
Event*

*System
Overload*

*Impulsive
Act*

Stopping the Sequence



Basic Life Skills Training



Stress management

Time management

Communication skills

Counseling Assistance Program

Financial management


Decision Making/Goal setting

CREDO

Others

SEMPER FIT 2000 CAN HELP!


Buddy Care



**If you see a fellow
Marine
in system overload**

***TAKE THE
INITIATIVE***

Buddy Care




If you are concerned about someone going into “overload”

- **Talk to them**
- **Be direct. Ask about suicide**
- **Clarify their intentions in detail**
- **Treat the person with an “emotional wound” like you would someone with a wound**

We take care of our own

Buddy Care



If they are not suicidal....

- **Talk to them to see what is going on**
- **Get them help where needed**
- **Enlist the help of supervisors and the chaplain**
- **Enlist the help of their friends and significant others**
- **Help them get to the medical facility**

We take care of our own

1-on-1 intervention



If you suspect the person is suicidal....

- **Make it safe**
- **Do not leave the person alone**
- **Get help now. Contact your supervisor**
- **Escort to medical or chaplain**
- **If not at work and unsure what to do,**

call We take care of our own

Defusing the re-entry

When a suicidal person comes back to the unit....

- Show concern
- Think of the family model. How would you treat a member of your family?
- Fill their bag of skills
- Enlist the help of significant others and fellow Marines
- Don't be afraid to talk about what

Limiting the damage after a suicide



A suicide affects the whole unit

Normal people have a normal response to an ABNORMAL event, and need help

Critical Incident Stress Debriefing Team (CISDT) can keep a suicide from damaging an entire unit

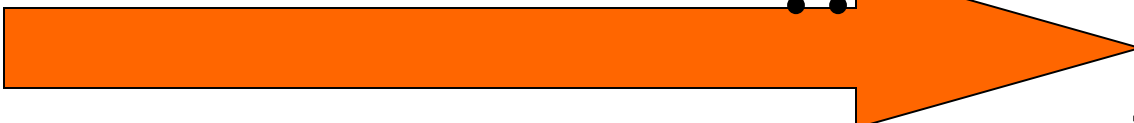
Limiting the collateral damage



**Hammer
cocked**

**Trigger
pulled**

**BANG
!!**



**Critical
Incident
Stress
Debriefing
Team**

The USMC is doing well



Marines have good concerned leadership

Marines take care of their own

Marine suicide rates are about one-half the national rate

EVEN THE BEST LEADERSHIP CAN'T PREVENT EVERY SUICIDE

TAKE THE INITIATIVE



**The SMART gives you *the facts* to
help you do your part to reduce
suicides in the Corps**

DARE TO CARE

DEFINITIONS



Suicide Attempt: Actual self-injurious behavior.

Suicide Ideation: Thoughts, plans of suicide or self-harm without implementation.

Suicide Gesture: Manipulation attempt for secondary gain without actual

Candidate (ACAGEA)



▣A: Abuse History

▣C: Conduct marks (67% less than 4.5/4.5)

▣A: Age (85% 18-24 yrs.)

▣G: does not Gamble (not risk taker)

▣E: Event (negative event emotions in preceding month)

Warning Signals



- ▣ **Statement about suicide thoughts, intentions, plans.**
- ▣ **Unexplained depression.**
- ▣ **Unusual interest in death - conversation, letters, etc.**
- ▣ **Appearance changes in other behaviors.**
- ▣ **Loss of interest in hobbies.**

Warning Signals Cont.



- ▮ **Social withdrawal/isolation.**
- ▮ **Increased use of alcohol (ETOH) or drugs.**
- ▮ **“Unprovoked” will writing.**
- ▮ **Sudden extreme generosity.**
- ▮ **Recent severe loss.**
- ▮ **Takes unnecessary risks.**

SUICIDE Cont.

- Suicidal behavior is not inherited but the risk is higher for family members who have lost a close relative to suicide.
- More than 80% of people communicate their intent to kill themselves before their attempt. Suicide is PREVENTABLE.
- Nationwide, three times as many men kill themselves as compared to women,

SUICIDE Cont.



- Annually, at least 30,000 suicide death in USA.**
- In young adults, TRIPLED between 1950 and 1990.**
- Overall, per 100,000 population 1.2 (M) and 0.4 (F) for 10-14 yr olds, and 12.2 (M) and 2.9 (F) for 15-19 yr olds.**
- 10% of death between 25-34.**
- 20% University students.**
- Over 70% of successful suicide are over**

EXAMPLES



**☐ Caught breaking restriction.
Threatened to kill himself.
Intoxicated.**

**☐ Intoxicated in town. SDNCO
attempted to return him to
barracks. Threatened to kill
himself.**

**☐ Intoxicated. Friends tried to
“help” him to room. “If you don’t
leave me alone I’ll kill myself!”**

EXAMPLES Cont.



- ▮ **Stopped for improper liberty attire. Stated he'd kill himself if his liberty was secured.**
- ▮ **Intoxicated. Stopped at sobriety checkpoint. Stated he wanted to kill himself.**
- ▮ **Stated he'd kill himself before going back on restriction.**
- ▮ **Apprehended for domestic assault.**

SUICIDE



***What can you do to
stop it in your
command?***

In short!

Know The Keys to Prevention



- ▣ **Know your Marines.**
- ▣ **Awareness.**
- ▣ **Early intervention/treatment.**
- ▣ **Monitor “at risk” Marines more closely.**
- ▣ **Welfare/morale concern by seniors.**
- ▣ **Interest in personal/family**

SUICIDE HELP/ASSISTANCE



- ▮ **Lester Hospital E.R.** **643-7338**
7329
- ▮ **Lester Mental Health Dept.** **643-7722**
- ▮ **Camp Clinics:**
 - Kinser** **637-3924**
 - Hansen** **623-**
 - Schwab**
 - Foster**
 - 4681**
 - 625-2234**
 - 645-7371**
- ▮ **Your Chaplain**
- ▮ **USMC Family Service Center** **645-2916**
- ▮ **Division Psychiatry** **622-9548**